

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Hayward Firefighters Political Action Committee</b>		Date of This Filing <u>05/10/2016</u>	Date Stamp	497 CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b> For Official Use Only  05/10/16 16:56 CLK
AREA CODE/PHONE NUMBER <u>(510) 885-1909</u>	I.D. NUMBER (if applicable) <u>880080</u>	Report No. <u>16660</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	
CITY <u>Hayward</u>	STATE <u>CA</u>	ZIP CODE <u>94541</u>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/10/2016	Committee to Protect Hayward's Future- Yes on D 2016 (ID# 1364753) 22734 Main Street Hayward, CA 94541	Utility Users' Tax Extension Measure D City of Hayward	8,633.48	06/07/2016

Reason for Amendment: \_\_\_\_\_